TION is very important. See instructions on back of certificate.

00592

1. PLACE OF	DEATH			1/3			
County(	Garrett-Go,			Registration Dist. No. 163			
Village or City	Near Bloc	mington	(11	No. St., Waldeath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?			
				yisyisyis			
	E Julia Me			St., Ward.  If nonresident give city or town and State			
	L AND STATIST			MEDICAL CERTIFICATE OF DEATH			
	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Jan. 20 193 6			
	I. or divorced	Ma	rried	(Month) (Day) (Year)			
5a. If married, widowed HUSBAND of (or) WIFE of	Wawhington	n Barnan	rd.	22. Jan 18 CERTIFY, Jhat I attended deceased from Jan 20 19 19 19 19 19 19 19 19 19 19 19 19 19			
6. DATE OF BIRTH (m 7. AGE Years		Days Days	1882 If LESS than 1 day,hrs.	I last saw h.er. alive on			
9. Industry or but work was of SAW MILL, SAW MILL, 10Date deceased this occupa year)	rk done, as SPINNER, BOOKKEEPER, etc isiness in which ione, as SILK MILL, BANK, etc last worked at tion (month and	spe spe	ime (years) nt in this upation	Other Contributory Causes of importance;			
(State or countr	muel Jones	c co ma					
14. BIRTHPLACE ( (State or co	city or town)	arrett-(	3 <del>0</del>	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?			
15. MAIDEN NAM	. Julia	May Jor	nes	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE ( State or c	city or town)ounlry)	Garreti	t-Co-Md	Accident, suicide, or homicide? Date of injury, 19, Where did injury occur?			
17. INFORMANT(Address)	Sons.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATIC		ey_Date//	3/,1936	Manner of injury			
19. UNDERTAKER (Address)	U N Ti	Mont	in 7	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED an	21 ,1936 2	orsey to	Attison Registrar.	(Signed) (Signed) M. (Ardress) Illlecent Je Veg			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis I I A L	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ğ.	YSIC	state	1
PERCO	. PH	Exact	J
RMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate.
HIS	pe	be	Jo
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on back of certificate.
ż	1	7	-

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	00

1. PLA	CE OF DEA	тн			999			
Cou	nty Garre	tt			Registration Dist. No. 166			
Villa	ige or City Oa	kland,	Maryland		No. St Ward			
Leng	th of rasidenca in o	city or town where	daath occurred	yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.			
			Baumgart	ner				
(a)	Residence: No	27- Al	der St. (Usualplace	of abode)	St., Ward.  If nonresident give city or town and State			
PE	RSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
Male	Wh	or or race	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  Janua ry, 25, 1936 <sub>193</sub> (Month) (Day) (Year)			
HUSBA	od, widowed, or div ND of IFE of Eliza		ttle Bau	mgartner	22. I HEREBY CERTIFY, That I attanded daceased from May, 133, to Jan, 25, 1936			
6. DATE OF	BIRTH (month, da	y, and year) Fel	b, 3, 18	376	I lest saw h im alive on Jan , 24, 1936; daeth is seid			
7. AGE	Yaars 59	Months 11	Days 23	1f LESS than 1 dey,hrs. ormin.	were as follows:			
8. Trac		eper, etc. 5t	ore Keer	er	Coronary Occlusion  Artero Sclerosis			
5 1	ustry or businass i work was done, as SAW MILL, BANK,	etc						
- 1	e deceased last wo this occupation (mo year)	orked at 19.	36 11. Total ti	ma (yaers) It in this 33				
	LACE (city or town)	Philad	elphia.	Penn	Other Contributory Causes of importance:			
13. NAN	EF. Bau	mgartne	r					
13. NAN 14. BIRT	THPLACE (city or t (Stata or country)	own) France	е		Name of operation Date of			
₩ 15. MA1	DEN NAME Pa	uline Re	oavoisie	er	What test confirmed diagnosis? Was there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in also the following:			
	THPLACE (city or t (State or country)	own)Fraj	ace		Accident, suicide, or homicide? Date of injury			
		Baumgar and. Md			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,			
	cremation, or Oaklan		Data Jan .	27 ,1936	Manner of Injury			
	AKER Emor	y Bolder land, M	n /		24. Wes disease or injury in any way releted to occupation of dacaesed?  If so, specify			
20. FILED_J	an, 26,	1936 XIII	ia Noc	vav Registrar.	(Signad) Swine Baumgarfru M. D.			
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

00594

1	1. PLACE OF DEATH			(1248)	11
	County Garrett			Registration Dist. No.	66
	Village or City Mt. Lake I	Park, Md	a	No. St	Ward
	Langth of residenca in city or town whare d		yrsmos	I death occurred in a hospital or institution, give its NAME instead of street and num  3ds. How long in U.S. If of foreign birth?yrsmos	ber)
	2. FULL NAME Eugene Co	omerford		If U. S. Veteran, specify WAR	
	(a) Residence: No. Mt. Lake			St., Ward.	
_	REPRONAL AND CTATICTI	(Usual place		If nonresident give city or town and Stat	te
3	PERSONAL AND STATISTI SEX 4. COLOR OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
J.	Male White	OR DIVORCE	(write the word)	Jan. 15 (Month) (Day)	(Year)
5a	. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	Etta Com	erford	22. I HEREBY CERTIFY, That I attended deco	
6.	DATE OF BIRTH (month, day, and year) JU	aly 27.	1858	21	eath is seld
7.	AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at	
	78   5	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
OCCUPATION	8. Trada, profassion, or particular kind of work dona, as SPINNER, JOHNSON BOUNTED TO SAWYER, BOOKKEEPER, etc	welry St	me (yaars) It in this	Chronie Myocordites	
_		vage. Md neny Co.	pation	Other Contributary Causes of Importanca:  Habeile Schleroses &	My Menel
JER	13. NAME Michael Comer	ford			
FATHER	14. BIRTHPLACE (city or town) Grels (Steta or country)	ind		Name of operation Dete of What tast confirmed diagnosis? Was there an autop	
ER	15. MAIDEN NAME Rachel Fl	Leming		23. If death was due to external ceuses (VIOLENCE) fill In elso the following:	Jsy:
MOTHER	16. BIRTHPLACE (city or town). Fairn (State or country) Marion	nont, W.	Va.	Accident, suicide, or homicida? Date of injury Where did injury occur?	.,19
	INFORMANT Wiley Wellir (Address) Mt. Lake Par	k. Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION OF REMOVAL ME TO Place California. Pa	ery Date Jan.	19,,19.36	Manner of injury	
	UNDERTAKER Herbert C. I	eighton		24. Was disaase or injury in any way releted to occupation of deceased?	7
20	FILED - 18 , 19 36 Jan	linko	wan Registrar.	(Signed) (Address Cox Cox Cox Cox	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN

1. PLACE OF DEATH

County

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 00595

Registration	Dist. No. 162	
No	St.,	Ward
eath occurred in a hospital or institution, give its NAM	1E instead of street and nu	imber)
How long in U.S. if of foreign birth?	mos	sds.
w		
St., Ward.		
	it give city or town and S	itate
MEDICAL CERTIFICAT	E OF DEATH	
21. DATE OF DEATH	11	. (
(Month)	(Day)	(Year)
		to en una
1 HEREBY CERTIF	That I attended d	2/
, 1925, to	your 11	19
Vlast saw h alive onto have occurred on the date stated above, at ##		death Is said
The PRINCIPAL CAUSE OF DEATH and related cau		4-13-11
were as follows:	ises of importance	Date of onset
Mullson		
	**************	
Other Coutributory Causes of importance:		
*****************		
Name of operation		7.1
What test confirmed diagnosis?	Was there an au	topsy?
23. If death was due to external causes (VIOLENCE)	fill in also the following:	
Accident, suicide, or homicide?	Date of injury	, 19
Where did injury occur? (Specify city of	or town, county and State	)
Specify whether Injury occurred in INDUSTRY, In H	OME, or In PUBLIC PLA	ĆE.
Manner of Injury		
Nature of injury		7
24. Was disease or injury In any way related to occu	pation of deceased?	10
If so, specify		
(Signed)	Jan	M. D.
(Address) A. J. Man	Marth	S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFB 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
, a s <sub>p</sub> ) a			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 ΕĠ.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	00596

1. PLACE OF DEATH	(46-E)
County Farrell	Registration Dist. No. /6/
Village or City Stortner	No. St., Ward  [If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S.If of foreign birth?yrsds.
2. FULL NAME Belinga hun	ilhan
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 267 7. AGE Years Months Beys   If LESS than	t last saw hor alive on December 22, 1935; death is said
68 5 14 1 dey,hr	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this processing) (month and this process).	abdominal (duodenal)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1936 spant in this occupation	
12. BIRTHPLACE (city or town) Smokehole, '(State or country)	Other Contributory Causes of Importence:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation November Date of What test confirmed diegnosis? Character Was there en autopsy? Mo
15. MAIDEN NAME Miss Ketterman	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Miss Kellenman  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT AMAY Downthan X (Address) allowed ma No. 17 H.	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Forther Cemetry Date Jan 26, 1936	Manner of Injury
19. UNDERTAKER STATES CHARTES.  (Address)	24. Wes disease or injury in any way related to occupation of deceased? No
20. FILED 1-26/1, 136 Etmer B. Shafer	(Signed) Garald Calleller M. D.  (Address) Eg Complete Va.
	-

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

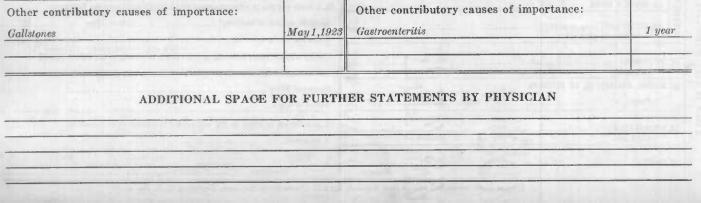
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1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		



V. S. No. 1 B

of infor-

1. PLACE OF DEA		OF MAR	YLAND—	CERTIFICATE	OF DEA	IH V	1036
County Man	II				Registration D	ist. No. / 6	L-
Village or City	onto	ulle		No		St.,	Ward
Length of residence in ci	ty or town where	death occurred		death occurred in a horpital or inds. How long In U.S.			
2. FULL NAME	mma	nda.	Famelle	If U.S. Veteran	specify WAR		
(a) Residence: No.				St., Ward.			
		(Usual place		MEDICAL		ive city or town and	1 State
PERSONAL AN		1		21. DATE OF DEAT	CERTIFICATE	OF DEATH	
Temase De	hitle		RIED, WtDOWED, D (write the word)	21. DATE OF BEAT	(Month)	25 (0áy)	_, 193 (Year)
5a. If married, widowed, or divo HUSBANO of (or) WIFE of	rced			22. Jane	BY CERTIFY	That I attended	deceased from
6. DATE OF BIRTH (month, day	and years A	217 5-	1018	last saw h. R. alive on	Jan 26	19.36	e : death is sai
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date :	11 200	- a-	L , UCULII 13 GUI
71	4	24	1 day,hrs.	The PRINCIPAL CAUSE OF D	DEATH and related causes	s of Importence	Oate of onse
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	rticuler as SPINNER, PER, etc			Cardis Va	scular 1	reval-	
kind of work done, SAWYER, BOOKKEE  9. Industry or business in work was done, as SAW MILL, BANK, of this occupation (mo.	which	Youal	nois	dise	212		-
10. Oate deceased last wor this occupation (mo year)	ked et nth and Nov /	spa spa	ime (years) nt in this Life upation Life	000-00-00-00-00-00-00-00-00-00-00-00-00			
12. BIRTHPLACE (city or town)				Other Contributory Causes of	importance:		
(State or country)	pa						
13. NAME  14. BIRTHPLACE (city or to	u da	nell			<b>,</b>		
(State of Country)	wn). ().se	land		Name of operation What test confirmed diagnosis	love-	Oate of Was there an	autopsy?
15. MAIDEN NAME	shera	i & Ras	nesling	23. If death was due to externa	il causes (VIOLENCE) fill	in elso the following	g:
16. BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide	2 200 D	ate of injury	, 19
2 (State or country)  17. INFORMANT Day	Thy	young	Ken	Where did injury occur?	(Specify city or to	own, county and Sta	ite) .ACE.
(Address)	Mark	alle.	Md				
18. BURIAL, CREMATION, OR F	andle.	Date 100	- 21,1936	Menner of injury	ione		
19. UNOERTAKER Alls	as DII	Son Till	lusc	24. Was disease or injury in a	ny way related to occupat	tion of deceesed?	220
(Address)	many	elle	2	If so, specify	15010	Q	0
20. FILEO	19.36	61	H Oill Registrar.	(Signed) (Address)	neuers	dale.	M.

1813 = 1344

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting JU. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis F DO 2 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
IDDIATORIZED	DI ZIULI	T. OIL	I CICIALITIE	DIMMARKO	DI	FILISICIAN



1. PLACE OF DEATH	(8x-c)	111
County Sarrey	Registration Dist. No	0/
Village or City Selly		t.,War
	f death occurred in a hospital or institution, give its NAME instead of streesds. How long in U.S. if of foreign birth?yrs,	
W. 0 7.	400	
2. FULL NAME Struck - 10		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or too	wn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /	
Male Hest OR DIVORCED (write-the word)	yan 22	, 193 6
. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Corp WIFE of Ella - Tragel	22. anjust 284 1934 to Journey	tended deceased fro
DATE OF RIRTH (month day and year) 1848 - aug - 13	0 68/-	936 ; death is sa
AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at \$ 30 Am.	, death is se
V1 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	e
8. Trade, profession, or particular	Cubal Hemanhye	Ote of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Curi Bushing	1939
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) 17. Total time (years) spent in this conjugation 7.		
ned	Other Contributory Causes of importance:	San t.
2. BIRTHPLACE (city or town) (State or country)	Just ulugar	1936
13. NAME Elishia Trayee  14. BIRTHPLACE (city or town)	- HVUILO 47 400 SULS	
13. NAME SULLIVE PARTY		
14. BIRTHPLACE (city or town)	•	te of
(State or country)	What test confirmed diagnosis?	ere an autopsy?
15. MAIDEN NAME KOANNAGA SWEET	23. If death was due to external causes (VIOL ENCE) fill in also the fo	ollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury.	, 19
(State or country)	Where did injury occur?(Specify city or town, county a	and State)
(Address) Substant of md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Frager Chilge Date Jan 24, 1936	Nature of injury.	
UNDERTAKER HARRAGALINET	24. Was disease or injury in any way related to occupation of deceas	ed? 120
(Addiess) Sometield Fr	If so, specify	
D. FILED Jan 23, 1936 Jesamille Statles	(Signed) Alleman (Address) Americans	M.

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Example I		Example II		
The principal cause of death and related rauses of importance were as follows: CEIVEC	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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THIS IS A PERMANENT ACCORD. Every item of infor-	I be stated EXACTLY. PHYSICIANS should state	y be properly classified. Exact statement of OCCUPA-	
PE	E	rly	of certificate.
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HI	be	be	Ju
F .	77	5	N

See instructions on bac

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County GARRETT Village or City OAKLAND, MARYLAND.			
(I Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME HETTIE M. LINDSEY GONDE  (a) Residence: No. OAKLAND, MARYLAND.  (Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Married	January, 6, 1936 <sub>193</sub> (Month) (Day) (Year)		
5a. If married, widowed, or divorced  1038AND at (or) WIFE of Bernard I. Gonder	22. I HEREBY CERTIFY, That I attended deceased from October, 15, 1935, to January, 8, 1936		
6. DATE OF BIRTH (month, day, and year) Sept, 23, 1884	I last saw her alive on Jan 8 , 1936; death is said		
7. AGE Years Months Days If LESS than 1 day,hrs. 51 3 12 ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Carcomomatosis, Involving Stomach, Intertines, Uterus, October Carcimonia of Breast; primary, 1935.  Primary Carcinoma of the basest, duting from 1934 Ceufa. Other Coutributory Causes of Importance:		
13. NAMEDr. Edward Lindsey  14. BIRTHPLACE (city or town) Greenboro, N.C.  (State or country)	Name of operation Amoutation of Breast  What test confirmed diagnosis? X-Ray  Was there an autopsy?		
15. MAIDEN NAME Elizabeth Kirkland	23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Elizabeth Kirkland 16. BIRTHPLACE (city or town) Chapel Hill, N.C. (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Bernard I Gonder (Address) Oakland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Oakland. Md. Date Jan. 11, 19 36	Manner of injury		
19. UNDERTAKER Emory Bolden (Address) Oakland, Md.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILEDJan. 8 , 19 36 Julia Korvan	(Signed) Svin Jamegaybre M. D.		

VIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: 10 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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4	у	8	7	1	7	3,	7	1	J

1. PLACE OF DEATH	(PH)
County GARRETT	Registration Dist. No. 166
Village or City CRELLIN, MARYLAND.	No. St Ward
Length of residence in city or town where deeth occurredyrsm	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Glendola J. Baker Gow	rerIf U. S. Veteran, specify WAR
(a) Residence: No. Crellin, Maryland.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word) Marrie	21. DATE OF DEATH  January, 2, 1936  (Month) (Oay) (Year)
5a. If married, widowed, or divorced mosbane of (or) Wife of Harrey F. Gower	22. I HEREBY CERTIFY. Thet I attended deceesed from Dec., 30. 19 35 to Jan, 2, 1936
6. DATE OF BIRTH (month, day, and year) Oct, 14, 1916	
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 45 m of a constant and to heve occurred on the date steted above, at 45 m of a constant and the state of the state
10 1 1 day,hr:	S. The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Ergot Poisoning
9. Industry or business in which work was done, as SILK MILL.	Ergot Poisoning Abortion self induced.
SAWYER, BOOKKEEPER, etc.   SAWYER, BOOKKEEPER, etc.	
12. BIRTHPLACE (city or town) Shaffer. W.VA. (State or country)	Other Contributory Causes of importance:
≝ 13. NAME John E. Baker	
13. NAME John E. Baker 14. BIRTHPLACE (city or town) Rowlesburgh. W.VA. (Stete or country)	Name of operation
	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Rachel Tasker 16. BIRTHPLACE (city or town) Deer Park Maryland. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Harvey F. Gower (Address) Crellin, Md.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Dete Jan, 5, 19 3	Manner of Injury
19. UNDERTAKER Emory Bolden (Address) Oakland, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan, 4,19 36 Julia Rowav Registrar.	(Signed) ( S A Carellian M. O. (Address) Oaslang md
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy · ·	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
COOK TOWNSHIP CONTROL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

Herbert C. Leighton

Oakland.

8			
? / Re	gistration Dist. No.	71	66
and //La		St	Ward
eath occurred in a hospital or institution, giv	e its NAME instead o	f street and n	umber)
10 ds. How long in U.S. if of foreig	n birth?yrs.	mos	ds.
If U. S. Veteran, specify	WAR		*********
St., Ward.			
MEDICAL CERTI	nonresident give city of		itate
21. DATE OF DEATH	TICKTE OF B	EATH	
Jan.	8.		19336
(Mon	th) (Day	)	(Yeer)
2. I HEREBY CE	RT1 FY, That	Lattended d	eceased_from
, 19	tofore	8	1,026
I last saw h elive on	1	19;	deeth is said
to have occurred on the date steted ebove			
The PRINCIPAL CAUSE OF DEATH and I were as follows:	eleted ceuses of Impor	rtance	
Af		100	Data of onset
Hell b-	8 tec		
Other Contributory Causes of importance:			
Name of operation		Dete of	
What test confirmed diagnosis?	Wa:	s there an au	topsy?
23. If deeth wes due to external causes (VIC	LENCE) fill in also th	ne following:	
Accident, suicide, or homicide?	Dete of inju	ury	, 19
Where did injury occur?	-:	10	
Specify whether injury occurred in INDUS	cify city or town, cour TRY, in HOME, or in I	PUBLIC PLAC	E.
Manner of injury			
Nature of injury			
4. Was diseese or injury in any wey relate	d to occupation of de	ceased?	
If so, specify	A		
(Signed)	ufac	4h	M. D.
(Address)	Huef	10	
	3.5		

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Registrar.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS B	Y PHYSICIAN
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V. S. No. 1 E P ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00602
1. PLACE OF DEATH	
County Garrett	Registration Dist. No. 16/
Village or City Frue swille R+10#1 md	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where deeth occurredyrsmos	
2. FULL NAME Harry Quiter Hook	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stull Gorum	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) January 18th 1936	I last saw hour alive on Street bone 19 death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, atm,
Still barry 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	Funshire detrobuent & Precules Sen 10
kind of work done, as SPINNER, Sturbonn SAWYER, BDDKKEEPER, etc  9. Industry or business in which	1136
9. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Fall on see
(State or country) many kan	1936
13. NAME Hayne Suisiter Hook	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lythe Knay, Grennense	23. If death was dua to extarnal causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hayne, E. HOOR (Address) Flrendsville RFDHI Road	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa / Slooming ray Date free 16, 1936	Nature of injury
19. UNDERTAKER 1. 11 Language 19. UNDERTAKER 19. UNDERTAKER 19. 19	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Jan 10., 1936 Jennette Statles Registrar.	(Signed) I Olledon M. D.  (Address) Friendonel Ard
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as fellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrills	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BYAD 5:11936 S.			
Other contributor		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date Jan. 27, 1936

Leighton

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19. UNDERTAKER

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

If so, specify

24. Was disease or injury in eny wey related to occupation of deceased?\_

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis FFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ELECTRIC V. S.	2		1-1-1-1-1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
LINES STORIES ON CHEST			
			1,

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	21	1	80	9	CIF.	7	r

1. PLACE OF DEATH			(50)	
· County Garll			Registration Dist. No. 62	-
Village or City	h occurred		NoSt.,stable or institution, give its NAME instead of street and nods. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Statis	Kinse	nger	LUS. Yeteran specify WAR	
(a) Residence: No.	(Usual place		St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. Hemale Milite 5. If married, widowed, or divorced		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  JANUARY  (Month)  (Day)	193 <sup>6</sup> (Year)
HUSBAND of  (or) WIFE of			22. I HEREBY CERTIFY, That I attended d DEC 2, 19 35, to JAN 16	eceased from
6. DATE OF BIRTH (month, day, and year) All 7. AGE Years Months	20 - Days 2 }	If LESS than 1 day,hrs.	to have occurred on the date stated above, a 20:45 m. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month end year)	sper	Me (years) nt in this pation	Carcinoma. Mediastinum & right lung.	Date of onset 3 - 1 - 35
12. BIRTHPLACE (city or town) ON ON ON ON ON ON ON	****		Other Coutributory Causes of importance: Carcinoma of right breast.	?
14. BIRTHPLACE (city or town) (State or country)	inge	1	Name of operation emoval R. Breast. State of Law What test confirmed diegnosis? Fath. Westhere an au	itopsy? no
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Man  (State or country)	y st	W	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Millon Kin (Address) yemsasel 18. BURIAL, CREMATION, OR REMOVAL Place Flack Lemelary	ce a	Les 4a -18 1936	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN  Manner of injury	CE,
19. UNDERTAKER Allma Allin (Address) yrantauce 20. FILED Janas 18, 1936	Tule	1932 Oll Registrar.	Nature of Injury  24. Was disease or injury in any way related to occupation of declased?  If so, specify  (Signed)  (Address)  SALISBURY FA	10 1.M.D.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

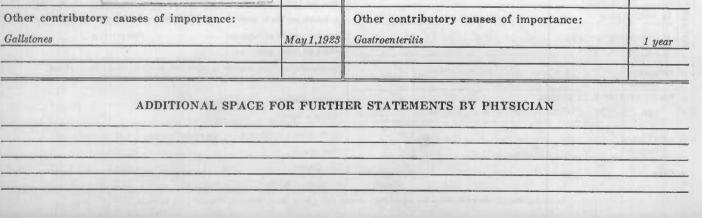
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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis [ ] [ ] [ ] [ ] [ ]	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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SCORD, Every	PHYSICIANS	act statement	
H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	v supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may be properly classified. Exact statement of OCCUPA-	te.
SISAP	stated	properly	certificat
INK-THI	should be	it may be	on back of
NFADING	oplied. AGE	erms, so that	See instructions on back of certificate.
H U	ins	in t	See

CAUSE OF DEATH in plain terms,

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	131	120	13	6
V	U	U	U	G

	1. PLACE OF	DEATH			(186-20)
County Garrett					Registration Dist. No. / 60
	Village or Cit	ty Deer Park	. Md.		No. St. Ward
	Length of rasid	enca in city or town whera	faath occurrad5	(1) 5yrs,mos	f death occurred in a hospital nr institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAN	ne William	Henry L	andis	If U. S. Veteran, specify WAR
	(a) Residenc	e: No. R . D . #	1, Deer		d • St., Ward.  If nonresident give city or town and State
acollino	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Jan. 15, 1936
5a	. If marriad, widowa	d, or divorced			(Month) (Day) (Year)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended decreased from
6.	DATE OF BIRTH (n	nonth, day, and year)	t. 26.	1881	I last saw h alive on, 19; daath is said
	AGE Years		Days	If LESS then	to have occurred on the data stated above, at 1:10 Am.
	5	5 2	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK Millil Road & Mine SAW MILL, BANK, atc.  10. Date decaased last workad at this occupation (month end 926   11. Total time (years) spent in this occupation (coupation 28yrs)			Road &	ime (yaars) nt in this	
12	BIRTHPLACE (city (State or count	or town) Deer P Garr	ark, Md ett Co.	•	Other Contributory Causes of Importance:  Considerated falls Grove houses & Coursing
ER	13. NAMEJOh	n W. Landis			nation : 4 years. Occurred about how years
FATHER	14. BIRTHPLACE (	(city or town) Grant	Co., W	. Va.	Name of operation frien to his death. Date of
ER	15. MAIDEN NAM	E Mary Ann	Shirk		What test confirmed diegnosis? Wes thera an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Ann Shirk 16. BIRTHPLACE (city or town) Grant CQ., W. Va. (State or country)			CQ., W	. Va.	Accident, suicide, or homicide? Accident Date of Injury for goards aga.  Where did injury occur?
17. INFORMANT Ebb Landis (Address) Deer Park, Md.			Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place King Cemetery Date Jan. 16, 19 36			Date Jan.	16,,,,36	Manner of Injury Assidental fall, bran house.  Nature of injury Injured (fractured) spine.
19.	UNDERTAKER H	erbert C. I Oakland, M	eighton		24. Was disaase or injury in any way related to occupation of dacaasad?  If so, spacify
20. FILED / - / J , 136 Mono. 6 9 Ceshly				Ceshly	(Signer) M. D. (Address) M. D.

B.—WRITE PLAI

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Example I	li li	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
will be the state of the state	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ERVED FOR BINDING	WK-THIS IS A PERMANENT RECORD, Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	it may be properly classified. Exact statement of OCCUPA-	
BI	PEF	H	ly o	ate.
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Q	HIS	be	be	of
RVE	(T-)	plno	may	back
工	H	Sh	it	=

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	117
1. PLACE OF DEATH		(97)	/
County Garrett		Registration Dist. No. / O	9
Village or City <u>Crellin</u> ,		NoSt.,St.	Ward
		ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Jennie Lura	a.w		
(a) Residence: No. <u>Crellin</u> , (U			ate
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH Jan. 13 (Month) (Day)	93 6
5a. If married, widowed, or divorced HUSBAND of Jesse Luraw		22. Mov. 30", 1935, to and 13"	ceased from
6. DATE OF BIRTH (month, day, and year) Feb.	5. 1852	I last saw h My alive on an 12 ,1936;	death is said
7. AGE Years Months 83 11 8	Days If LESS than	to have occurred on the date stated ebove, at	Date of onset
O Date deceased last worked at this occupation (mostly and year)	Sewife  11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
(State or country) Jeffersor	Co. Ohio.		
13. NAME Robert Gor  14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of Was there an aut	
置 15. MAIDEN NAME McFar]		23. If death was due to external causes (VIOL ENCE) fill in also the following:	opsy:
15. MAIDEN NAME McFar  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State)	, 19
17. INFORMANT Jesse Luraw (Address) Crellin, Mo	•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E
18. BURIAL, CREMATION, OR REMOVAL Place Terra Alta W. Vadate	Jan. 15.,19.36	Manner of injury	
19. UNDERTAKER O. T. C. O.	youa.	24. Was disease or nivry in any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	Example I	į.	Example II	
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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FE/B( 10 1936	July 5,1927	Peritonitis	3 days ago
	PUPEAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date of onset

(Address) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 1930	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING N. B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

M

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Yaccon	Registration Dist. No. / 6 6
Village or City Om Rose Mal RW	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mo	•
2. FULL NAME To Bank Velente	···
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
(hengelen	(Month) (Day) (Year)
50 If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
Dought of Jacob Janna Petersheim	Jan 18 1936 to Juny 18 1936
6. DATE OF BIRTH (month, day, end year) www. 18. 1936	I last saw h alive on ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5
O O Iday, O hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of ID portance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Theo Duran
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and	B
SAW MILL, BANK, etc.	- Kreach Vinsuelucan
- Sport III (III)	
year) occupation Occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Cars Rosey RN	
(State or country)	
14. BIRTHPLACE (city or town).	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Pales hung RA	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Color Lucy RN	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & a call V Peters turns	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Our Dense Mil Kn	
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Proce attended to the state of	Neture of injury
19. UNDERTAKER Father Incope Vetershijm	24. Was disease or injury in any way related to occupation of deceased?
(Address) Calalyte J. 7776	If so, specify
20, FUEDAN. / 1936 Julia Cowan	(Signed) M. A. A. A. A. M. D.
Registrar.	(Address) Des Parel med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street can 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

should state

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VRITE PLAINEY, WITH UNFABING INK-THIS IS A PERMANENT RECORD. EVERY	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
T REC	Y. PI	Exact	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	ON is very important. See instructions on back of certificate,
HIS	be	be	of
K-T	plnous	t may	back
Z	回	at i	S OF
SUL	AG	o th	tion
UNFAD	upplied.	terms, s	e instruc
VITH	ully s	plain	t. Se
LINEX, V	be caref	EATH in	importan
E PLA	pluods	OF D	s very
CIT	ion	SE	Z is
	ati	1	0

E/O.E

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County GARRETT Registration Dist. No. Village or City OAKLAND, MARYLAND. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_\_\_\_\_yrs,\_\_\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_\_grs.\_\_\_\_\_\_ds. Sophronia Pifer 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. Oakland, St., Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) January, 10, 1936 Female White Married 5a. If married, widowed, or divorced ROSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of John Pifer 1934 to Jan, 10. 6. DATE OF BIRTH (month, day, and year) Jan 7. AGE Years Months to have occurred on the date stated above, at . P . M . m. Days If LESS than 1 day, ....-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 76 11 30 or ..... min. Date of onset 8. Trade, profession, or particular Chronic Endo Myocorditis OCCUPATION kind of work done, es SPINNER, House wife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10 Pate deceesed lest worked at II. Total time (yeers) this occupation (month end spent in this occupation \_ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Crellin, Maryland (State or country) FATHER 13. NAME Samuel DeWitt 14. BIRTHPLACE (city or town) Unknown Name of operation..... (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ OTHER 15. MAIDEN NAME Mary Rinehart 23. If death was due to externel causes (VIOLENCE) fill in also the following: Unknown 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_19\_\_\_\_\_ (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Mrs. Daisey Hines Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Oakland, Md. 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Oakland, Md. Date Jan, 13, 10 36 Neture of Injury 19. UNDERTAKER Emory Bolden 24. Wes disease or injury in any wey related to occupation of deceased? (Address) Oakland Ald. If so, specify 20 FILED Jan. 12, 19 36 (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) Oakland.

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00611		
1. PLACE OF DEATH	<u></u> <u>(3</u> )		
County Carrett	Registration Dist. No. 164		
Village or City Accident R78 ma	NoSt.,Ward		
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds		
2. FULL NAME NO Name Rush	s		
(a) Residence: Np.	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (reprire the word)  STATE OF THE PROPERTY	21. DATE OF DEATH  (Mogth)  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Jan 3rd 1936	I last saw h alive on		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
8 Trade profession or particular	Pate of ones		
kind of work done, as SPINNER, ALL SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at lil. Total time (years) his occupation (month and	793-6		
11. Total time (years) this occupation (month and year)			
12. BIRTHPLACE (city or town) Accident R73 Frod (State er country)	Other Contributory Causes of importance		
13. NAME James Rush	7.7.5%		
14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Joseph . H. Thread  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
(State or country)			
17. INFORMANT CAMERO Rush			
18. BURIAL, CREMATION, OR REMOVAL  Place A Down Date Jan 3, 1930	Manner of Injury		
19. UNDERTAKER AMERICAN (Address)	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Jan 31 , 1995 Mulster , Registrar.	(Signed) & Olldrow M. E. (Address) Friendsvill Ind		
I more blanks are needed address State Remistrary	(Audress) - Province Relative Province GL S. N.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsis A A Vision 1915 Arteriosclerosis 1 weck ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance! Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2
1. PLACE OF DEATH	(92)	
County Garrett	Registration Dist. No.	
Village or City Horendaville Lord		Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)	Walu
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosmos	ds.
2. FULL NAME Thy Cligately less		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yes	
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of black Just	22. HEREBY CERTIFY, That I attended deceased	d from
1/13/1866	1 1 1 0 2 2011 -1	
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	lest saw here alive on the detectated above, at	12 2910
70 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows: Out of the Out of	fonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the specific property). Specific property of this occupation (month and the specific property).	11	93/
A Industry or business in which work was done, as SILK MILL, Own Lands SAW MILL, BANK, etc.		27
SAW MILL, BANK, etc.		
the compagn them and		
year) occupation occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	Artinosolirosia Ju	2
(State or country) Maryland	190	33
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Oate of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?_	
16. BIRTHPLACE (city or town) 7714	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 777	Accident, suicide, or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT /// / / / / / / / / / / / / / / / / /	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Acade 2 7 171		
Place Baso7111 in 9 Port Date Jan, 301936	Menner of Injury	
WIVIS	Nature of Injury	
19. UNDERTAKER (Address)	24. Wes disease or Injury In, any way related to occupation of deceased	
	If so, specify It, Quedrous	M. D
20. FILED Jan 30 , 193 a samelle Statless. Registrar.	(Address) free don't dord	_M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

V. S. No. 1

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of importance were as follows:  Arteriosclerosis  Chronic interstitial nephralis  Cerebral hemorrhage  Attack of epilepsy  Run over by street car  Peritonitis	Example I		Example II	
Chronic interstitial nephralis F C F V F D 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis FAS 5 1936		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
FAB 5 1936	Chronic interstitial nephritis F C F W F D	1921	Run over by street car	1 week ago
	Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributes as the Read W. S. Other contributes a consection of important	EAS 5 1936			
Other contributory causes of importance:	Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923 Gastroenteritis	Gastroenteritis		1 year

PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
(BO 16	Registration Dist. No. 163
Village of Cornery Ton my (No.	St.; Ward) (If death occurred in
	A hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME ( echand Sout )	hohen number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
mile Wat (Wide the word)	Jan 49 , 1986
6 DATE OF BIRTH	17 (Month) (Day) (Year)   17 (HEREBY CERTIFY, That I attended the deceased from
16 .07	Jange 1936 o see 47 1936
(Month) (Day) (Year)	that I last saw hely alive on 44 329 1936
7 AGE (IfLESS than	
l day_hrs.	and that death occurred on the date stated above, at
o yrs mos. / C ds. or min.?	The second second
8 OCCUPATION (a) Trade, profession or	Web there of Juna A
particular kind of work	
(b) General nature of industry	0 (0.1)
which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Chais Viele W Eq	Secondary (nakogo Up) hand
10 NAME OF	La - a e e e e e
FATHER lebet were shoham	(Signed) Allette of the service M. D.
OF FATHER	May 44 1921 (Address)
Z (State or country) fellow xelle le la	State the Disease Causing Desth, or, in deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
OF MOTHER MAN LO KNOTH	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER ( ) 1000	At place In the State yrs
(State or Country) Leston Co Cer q	Where was disease contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mary Selers	usual residence
(Address) Blatomington MX	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Slefamenfow, 110	Tellowville, n. Wa for 5. 19 36
15 Filed Jan 4 1935 Down Vattion	20 UNDERTAKER ADDRESS
Registra	D. J. Boat . South Md
If more banks are needed, addre.s tate hegistran	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebros pinds fever (the only definite synonym is "Epidemic cerebros in al meningitis"); Dinhtheria (avoid use of "Croup"); s. inal meningitis"); Dinhtheria (avoid use of "Croup"); Dinhtheria (avoid use of "Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetajus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate. ARGIN RESERVED may on that carefully important. pe plnods OF -WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. 7.4 yrs. \_\_\_\_mos. \_\_\_\_ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_mos. \_\_\_ If U. S. Veteran, specify WAR (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) (Year) 5a. If married, widowad, or divorcad HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at. 1 day .....trs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_min. wera as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month end 11, Total time (years) spent in this occupation\_ 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation... (State or country) What test confirmed diagnosis?. ----- Was there an autopsy? OTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? None Date of Injury 19 16. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) Whara did Injury occur?\_\_\_ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of Injury. 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 9 1000	July 5,1927	Peritonitis	3 days ago	
	A PLAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Saley girl (infant) born at 2 A.M. 1/25/36 . Seen by Sol Son Hy

N. B.—WRITE PLAII

Every item of infor-

of OCCUPA.

00615

1. PLACE OF DEATH		- Hie	71
County Huve		Registration Dist. No.	1 00
Village or City		No. St., f death occurred in a hospital or institution, give its NAME instead of street a s	and number)
11+	00		
2. FULL NAME (MINAM	of Giresour	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Whits	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 🗲
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		(Month) (Oey)  22.   HEREBY CERTIFY, That I attent	ded deceased fro
6. DATE OF BIRTH (month, day, and year)	Dec 31.1874	I last saw h 2 2 alive on 2 an 2 1 19	; death is sa
7. AGE S Years Months	1 day,hrs.	to have occurred on the date Steted above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of ones
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this occupation	Carcinomine of the gull bludded with willander To the line	June
12. BIRTHPLACE (city or town)	tria	Other Cautributary Causes of importance:	173
13. NAME	not Howe		
14. BIRTHPLACE (city or town). (State or country)	mat /hum	Name of operation	of autonou? Ze
15. MAIOEN NAME do	to process.	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country.)	not / duans	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT IF Namely 1.  (Address) (13.	solobiree	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hollen Kill	Date 2 1936	Manner of injury	
19. UNOERTAKER OF THE TOTAL TOTAL (Address)	the place	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify	w
20. FILEDOUS 2 3 , 10 Class	Barriel T.	(Signed) Malth Culturdrelly (Address) Katandar Mar	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

STATE OF M	MARYLAND-	CERTIFICATE	OF	DEATH
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-	18	12	8	13
1	H	G	1	1/1
S	V	1	JI.	

1. PLACE OF DEATH	22.0
County Janvit	Registration Dist. No. 169
Village or City Aleer are	No. St. Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredm	ds. How long in U.S. if of foreign birth?
2. FULL NAME / Nargaret & I trashe	If U. S. Veteran, specify WAR
(a) Residence: No. Reer Parks. md.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
Female White Widowed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sure I Thranker	1 HEREBY CERTIFY, That I attended deceased from
1 1 20 800	7 Jan 12 1936, to Jan 185 , 1936
6. DATE OF BIRTH (month, dev, end year) July 19, 101	I last saw h Ltd. alive on Yaw 0.2., 19.36; deeth is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 7:30 p.m.
19 6 14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	1
SAWYER, BOOKKEEPER, etc.	allerio sclerosel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occuration (month and	P
SAW MILL, BANK, etc	- t cerebral hemorrhage
10. Date deceesed last worked at this occupation (month and year) cocupation occupation	
m A h The A A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / (W) Creoff, onmeral Co.,	
(State or country) W. Va.	
13. NAME CLIAN H. Wieliams  14. BIRTHPLACE (city or town). UNKNOWN	
14. BIRTHPLACE (city or town) UNKNOWN	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) UNKNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) ONKNOWN	Accident, suicide, or homicide? Date of injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Rach H. V Krasher, (Address) 905 Truring at 18 Week OF	(Specify city or town, county and State).  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Intern.
Place Weer lack, md Date Jaw. 15 1936	Manner of injury
DE Balla	Neture of injury
19. UNOERTAKER N. G. Wolden	24. Was disease or injury in any way related to occupation of deceased?
(Address) Capland. Md.	If so, specify fight fight files
20 FILED Jan 12, 1936 allis M Clothy	(Signed) Y W M. O
/Registrat.	(Address) Calllana Ma

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County. Samuely County Samuely County State of Death Village or City. Samuely State	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00617	
Village or City Jake Jown, Ma., Mo. (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city at town where death occurred. Yrs. mos. ds. Now long in U.S. If of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Jake Journal of Model (Usaiphee of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED Ownite the word)  5a. If married, widowed, or divorced (Cor) will be of the control of the con	1. PLACE OF DEATH	97	
Village or City Jake Journal, Manager of the Country of town where depth occurred. Manager of the country of town where depth occurred. Manager of the country of the Country of town where depth occurred. Manager of the country of the Country of town where depth occurred. Manager of the country of the Coun	County Garrett.	Registration Dist. No. / 6 6	
Length of residence in city at town where death occurred. Yrs. mos. ds. How long in U. S. If of foreign birth?. yrs. mos. ds. How long in U. S. If of foreign birth?. yrs. mos. ds. Moving in U. S. If of foreign birth?. yrs. mos. ds. St. Now long in U. S. If of foreign birth?. yrs. mos. ds. St. Ward.  2. FULL NAME  (a) Residence: No. Acall. Joseph 1964  (b) Acall. Joseph 1964  2. FULL NAME  (a) Residence: No. Acall. Joseph 1964  (b) Acall. Joseph 1964  4. COLOR OR RACE  OR DYORCED (write the word)  Sa. If married, widewed, or deported (cr) wife of word)  5. If married, widewed, or deported (cr) wife of word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days'  If LESS than In the word of the dat stated above, at. J. Trm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Date of months and which work some as Silk Mill.  SAW MILL, BANK, etc.  D. Date Geard has twoked at this occupation (month and exclusion)  The County of	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
2. FULL NAME  (a) Residence: No. Jacks June 1  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR, RACE  9. SINCLE, MARKIED, WIDOWED, OR BUYORCO (write the word)  Sa. If married, widowed, or disporced HUSARD of (cr) wife of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. SINCLE, MARKIED, WIDOWED, OR BUYORCO (write the word)  8. June 19. June 19	(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No. Acadus Josephson (Usualpace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR, RACE  9. SINCIE, MARKED, WIDOWED, OR BLYNRCED (write the word)  1. DATE OF DEATH  2. DATE OF DEATH  3. SEX  4. COLOR OR, RACE  9. SINCIE, MARKED, WIDOWED, OR BLYNRCED (write the word)  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF BIRTH (month, day, and year)  1. DATE OF DEATH  1. DAY  1. DATE OF DEATH  1.	Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosd	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. A. If married, widowed, or dispersed HISBAND (Cor) WIFE of Correct of the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days' If LESS than 1 day,	2. FULL NAME Posyah Note		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR, RACE OR DIVORCED (write tybe word) OR DIVORCED (write tybe word) OR DIVORCED (write tybe word) Sa. If married, widowed, or divorced HUSBAND of (Gr) WHE of OR DIVORCED (write tybe word)  5. If MER E BY C E R T I FY. That I ettended decessed from HUSBAND of (Gr) WHE of  7. AGE Years Months Days II LESS than 1 day,			
3. SEX  4. COLOR OR, RACE  OR DIVORCD Carrier typ word)  Sa. If married, widwed, or divorced HUSBAND of (or) WIFE of  E. DATE OF BIRTH (month, day, and year)  AGE  Vears  Months  Days'  If LESS than 1 day,hrs, ormin.  Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.  J. Date deceased last worked at this occupation (month end  SAW MILL, BANK, etc.  J. D. Date deceased last worked at this occupation (month end  (State or country)  What test confirmed diagnosis?  Was there an eulopsy)  What test confirmed diagnosis?  Date of Injury  Where did injury occur?  Specify city or town, country and State)  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury.			
Sa. If married, widowed, or disporced HUSBAND of (ar) wife of State or country)  Sa. If married, widowed, or disporced HUSBAND of (ar) wife of State or country)  Sa. If married, widowed, or disporced HUSBAND of (ar) wife of State or country)  Sa. If married, widowed, or disporced HUSBAND of (ar) wife of with said to the secure of the date stated above, at	3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED,		
Sa. If married, widowed, or dispersed HUSBAND of (or) WIFE of   Sa. Management   Sa. Mana	Male Thate OR DIVORCED (write the word)		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days'  If LESS than I day	5a. If married, widowed, or divorced		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days'  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  Date of onest  Now kees done, as SPINNER, SAW MILL, SAW MILL, BANK, etc.  IT. Deale deceased last worked at this occupation (month end year)  (State or country)  The BIRTHPLACE (city or town)  The PRINCIPAL (CAUSE OF DEATH and releted causes of Importance  The PRINCIPAL (CAUSE OF DEATH and releted causes of Importance  The PRINCIPAL (CAUSE OF DEATH and releted causes of Importance  The PRINCIPAL (CAUSE OF DEATH and releted causes of Importance  The	(or) WIFF of	22.   HEREBY CERTIFY, That I ettended decessed from	
T. AGE Vears Months Days' If LESS than 1 day, hrs. or min.    3	D. 490 1043	bled not see him	
The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work were as follows:  Date of onest were as follows:  D		// ^	
State or country    Stat	02 9 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  19. Cappaign  Spent in this occupation Other Coutributery Causes of importance:  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an eutopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Operation  Oate of  What test confirmed diagnosis?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury	Trade profession or particular	Were as follows:	
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(State or country)  13. NAME Zervis 9t. Holle  14. BIRTHPLACE (city or town) Ling inia (State or country)  15. MAIDEN NAME Hannah Falkenstine (State or country)  16. BIRTHPLACE (city or town) Ling inia (State or country)  17. INFORMANT Clay town for the country (Address)  18. BURIAL, CREMATION, OR REMOVAL (Manner of Injury)  Manner of operation Oate of What test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Presta County	Other Contributory Causes of importance:	
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15. MAIDEN NAME - Hannah Falkinstine  16. BIRTHPLACE (city or town) - Preston Co., (State or country)  17. INFORMANT - Clay town Town Country Town (Address)  18. BURIAL, CREMATION, OR REMOVAL (1)   A C. (Manner of Injury Court of Injury C	(State of Country)		
Where did injury occur?  17. INFORMANT Clay to Town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Leva Clay to County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of Injury	15. MAIDEN NAME Hannah Falkenstine		
Where did injury occur?  17. INFORMANT Clay to Town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Leva Clay to County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of Injury	16. BIRTHPLACE (city or town) Preston Co.	Accident, suicide, or homicide? Date of Injury, 19	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL (1)  Manner of Injury	(State or country)	Where did injury occur?(Specify city or town county and State)	
/ mainer of injury		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		Manner of Injury	
Place Wanta Ville V. Oste Jan. 18. 19. 6. Neture of injury.	Place Granisville W Volte Jan 1/3, 1936	Neture of injury	
19. UNDERTAKER Q 7 Called 24. Was disease or injury Injeny way palated to occupation of deceased?	19. UNDERTAKER Q 7 Callin	24. Was disease or injury Injeny way palated to occupation of deceased?	
(Address) Junia Ala Ma If so, specify	(Address) Juna Olia you	If so, specify	
20. FyED an. 19 26 Julia Cowar (Signed) V. W. III Donald M. D.	20. FIRE IN. 1926 Julia Kowan	(Signed) V: W. III I DT MUS A. M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFR 10 1020	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PERMIT V. S.			
Other contributory causes of importance:	- AND	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year